



**Education Service Center, Region 2**  
209 North Water Street Corpus Christi, Texas 78401-2528

**Richard Alvarado, Ph.D.**  
EXECUTIVE DIRECTOR

May 3, 2016

Dear Schools and Libraries Program Correspondence Unit,

USAC was billed 08/05/2015 on behalf of Alice ISD by Education Service Center Region 2 SPIN# 143007736 for a remaining balance of \$5,045.06 for services that occurred from 07/01/2014 to 06/31/2015. We received no PIA response, nor did we get a refund. USAC is currently denying us the remaining refund, stating that they requested additional information, and we never responded. We request that USAC refund the remaining amount of \$5,045.06 to us.

Please Contact:

Education Service Center Region 2  
Sherri Fitzpatrick  
209 N. Water Street  
Corpus Christi, TX 78418

Phone: 361-561-8481  
[Sherri.fitzpatrick@esc2.us](mailto:Sherri.fitzpatrick@esc2.us)

Respectfully,

A handwritten signature in black ink, appearing to read 'April Karg', with a long, sweeping horizontal line extending to the right.

April Karg



**IMPORTANT**

**Please record this invoice's information in a secure place for  
future records**

**InvoiceID: 2220211**

**Security Code: 35816**

Continue>>

Home | Client Service Bureau: 1-888-203-8100

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*Data request sent 8/7/15*

FCC Form 474  
Do not Staple This Form

Do not write in this space.

Approved by OMB  
OMB Control No. 3060 – 0856  
Estimated time per response: 1.0 hour

**Schools and Libraries Universal Service  
Service Provider Invoice FCC Form 474  
This form can be filed online or by mail.**

Please read instructions before completing

Service Provider Form Identifier Alice2014-

474

(Create an identifier for your own reference)

FCC Form 474 Invoice

# 2220211

(To be inserted by administrator)

**Block 1: Service Provider Information**

- |   |   |
|---|---|
| 1. Service Provider Name                              | Education Service Center, Region 2        |
| 2. Service Provider Identification Number (SPIN)      | (143007736)                               |
| 3. Contact Person's Name                              | Kevin Scott                               |
| 4. Contact Telephone Number                           | Area Code: 361 Phone Number: 5618436 Ext. |
| Contact Fax Number                                    | Area Code: 361 Fax Number: 5618455        |
| Contact Email Address                                 | kevin.scott@esc2.us                       |
| 5. Total Invoice Amount (total of Block 2, Column 13) | 5045.06                                   |

SPIN 143007736

Service Provider Form Identifier Alice2014-474

Contact Person Kevin Scott

Contact Telephone Number 361-5618436

**Block 2: Funding Request Number Information**

6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
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For each FRN, there should be an entry  
in  
Column 9 or Column 10 but **NOT**  
**BOTH**

981754

2676557

ANNUALLY

11/01/2014

34793.52

87

5045.06

**TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5**

**Service Provider Invoice FCC Form 474****Service Provider Form Identifier** Alice2014-474**Contact Person** Kevin Scott**Contact Telephone Number** 361-5618436**Block 3: Service Provider Certifications & Signature**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:

- ✓ A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.
- ✓ B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.
- ✓ C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

**14. Signature of authorized person** ✓**15. Date** 8/5/2015**16. Printed name of authorized person**  
Ryan Johnson**17. Title or position of authorized person**  
CFO**18. Telephone number of authorized person**  
361-5618400**19. Address of authorized person**  
209 N Water Street  
Corpus Christi TX, 78401

Approved by OMB  
OMB Control NO. 3060 – 0856

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

**THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

**Do not staple the FCC Form 474.**

Please submit this form to:

SLD SPI FCC Form 474  
P.O. Box 7026  
Lawrence, KS 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form (pages 1 - 4) to:

SLD Forms  
ATTN: SLD SPI FCC Form 474  
3833 Greenway Drive  
Lawrence, KS 66046  
888-203-8100

Applicant Name:
Service Provider (SP) Name: Education Service Center, Region 2
Submitter Invoice Number: Alice2014-474
SLD Invoice Number: 2154838
Funding Request Number (FRN): 2676557
Description of Service for (FRN):

Month	Billing Account #	Bill Date	CURRENT CHARGES	Ineligible \$	description of ineligible	Ineligible Page #
Annual		11/18/2014	\$ 35,291.52	\$498.00	content filtering	
		Total	\$35,291.52	\$498.00		
		less ineligible	\$498.00			
		Adjusted Tot	\$34,793.52			
		Disc %	87.00%			
		Disc Amt	\$30,270.36			

**Discounted Amount from Above  
Requested Amt for FRN  
Modification**

**\$30,270.36**

**No Deviation**

**I certify that the information on the worksheet that I am providing is based on the actual bills for eligible services that the form 471 applicant has received from the vendor whose SPIN is associated with the approved E-Rate discounts. I also certify that the sample bill(s) provided is representative of the other items on the worksheet.**

**Signature**



**Print Name**

**Ryan Johnston**

**Company /  
Organization**

**Education Service Center, Region 2**

**Title**

**CFO**

**Date**

**3/10/15**



**Education Service Center Region 2**

209 North Water, Corpus Christi TX 78401-2599  
(361) 561-8400 FAX: (361) 883-3442

**Invoice**

068598

Customer Number: 000029

Customer P.O. Nbr:

Reference:

Requested By: Amelia Salinas

Invoice Date:

Requested Date: 11-18-2014

Terms: Net 30 Days

Note: Districts can pay discounted portion, but if  
e-rate funds are not received/denied, the  
total amount is due by the end of the

**Bill To:**

ALICE ISD  
ATTN ACCOUNTS PAYABLE  
2 COYOTE TRAIL  
ALICE, TX 78332

**Remittance Address:**

Education Service Center Region 2  
ATT: Accounts Receivable Business Office  
209 North Water  
Corpus Christi, TX 78401-2599

Page: 1 of 1

Quantity	Description	Unit Price	Amount
12.00	(7/01/2014-6/30/2015) Internet Access (erate eligible)	\$2,899.46	\$34,793.52
12.00	Content Filtering (non erate eligible)	\$41.50	\$498.00
Balance Due:			\$35,291.52

Account Code	Description	Amount
199-00-5729.00-216-500000	MIS INTERNET FEES	\$35,291.52
Total for all Accounts:		\$35,291.52

COPY

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT REPORT  
(Funding Year 2014)

Service Provider Name: Education Service Center - Region 2  
Service Provider Identification Number: 143007736

Funding Request Number: 2676557  
Form 471 Application Number: 981754  
Form 470 Application Number: 327380001167062  
Name of 471 Applicant: ALICE INDEP SCHOOL DISTRICT  
Address of 471 Applicant: # 2 COYOTE TRAIL  
Applicant City: ALICE  
Applicant State: TX  
Applicant Zip: 78332-4140  
Entity Number:  
Name of Contact Person: Amelia Salinas  
Preferred Mode of Contact: E-MAIL  
Contact Information: asalinas@aliceisd.esc2.net  
Name of Form 486 Contact Person: Amelia Salinas  
Address of Form 486 Contact: # 2 COYOTE TRAIL  
City of Form 486 Contact: ALICE  
State of Form 486 Contact: TX  
Zip Code of Form 486 Contact: 78332-4140  
Telephone of Form 486 Contact: 361-664-0981  
Fax of Form 486 Contact: 361-660-2113  
E-mail Address of Form 486 Contact: asalinas@aliceisd.esc2.net  
Funding Year: 07/01/2014 - 06/30/2015  
Contract Number: FY2014-Alice ISD - 40  
Services Ordered: Internet Access  
Billing Account Number:  
Service Start Date: 07/01/2014  
Contract Expiration Date: 06/30/2015  
Total Program Year Pre-discount Amount: \$34,793.52  
Applicant's Approved Discount Percentage: 87%  
Funding Commitment Decision: \$30,270.36

*Letter w/ King'sville*

Form 471 RAL Line Item Report

FRN: 2676557  
Form 471 Application Number: 981754  
Form 470 Application Number: 327380001167062  
Name of Billed Entity: ALICE INDEP SCHOOL DISTRICT  
Billed Entity Number: 141560  
Address of Billed Entity: # 2 COYOTE TRAIL, ALICE, TX 78332-4140  
Telephone Number of Billed Entity: (361) 664-0981  
Name of Contact Person: Amelia Salinas  
Telephone Number of Contact Person: (361) 664-0981  
Category of Service: Internet Access  
Contract Number: FY2014-Alice ISD - 40  
Billing Account Number: N/A  
Allowable Vendor Selection/ContractDate: 12/17/2013  
Contract Award Date: 03/24/2014  
Service Start Date: 07/01/2014  
Contract Expiration Date: 06/30/2015  
Pre-discount Amount: \$34,793.52  
Discount Percentage Requested: 87%  
Funding Commitment Request: \$30,270.36  
Consultant Name: RICARDO GONZALEZ  
Consultant Employer Name: Education Service Center, Region 2  
Consultant Phone: (361) 561-8656  
Consultant Email: ric.gonzalez@esc2.us